

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MATERIEL COMMAND
5001 EISENHOWER AVENUE, ALEXANDRIA, VA 22333-0001

AMC MEMORANDUM
No. 350-2

11 January 2000

Training

HQ AMC TRAINING POLICY

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1. **Purpose.** This memorandum outlines policies, responsibilities, and procedures for training of civilian employees within Headquarters, U.S. Army Materiel Command (HQ AMC) and its serviced activities.

2. **Scope.** The policies in this circular apply to all HQ AMC civilian supervisors, managers, employees, and serviced activities.

3. **Policy.** It is the policy HQ AMC to develop its employees through the establishment and operation of progressive and efficient training programs. Affirmative action will be taken to ensure that equal opportunity is afforded to every employee who needs training, regardless of race, creed, color, national origin, sex, age, or physical handicap.

4. **Responsibilities.** a. The Deputy Chief of Staff for Personnel (DCSPER) is charged with program responsibility for training and development within HQ AMC and will assist management in accomplishing training objectives. Authority to approve government and non-government training which meets regulatory requirements has been delegated to Deputy Chiefs or Staff, Separate Office Chiefs, and their designated representatives. Each Deputy Chief of Staff and Separate

*This memorandum supersedes AMC-C 350-2, 20 May 1997

Office Chief will appoint a Training Coordinator who is responsible for assisting the Civilian Personnel Advisory Center (CPAC) in the dissemination of training information and the administration of HQ AMC training programs.

b. It is the responsibility of managers/supervisors to motivate and encourage their employees to take advantage of all training opportunities which will increase productivity as well as aid in the development of their career progression.

c. The role of the Training Coordinator includes--

(1) Maintain training files on each employee scheduled to attend training, to include a list of substitutes.

(2) Act as the liaison and single point of contact for the activity on training matters.

(3) Maintain current catalogs and sources of available training.

(4) Consolidate and forward the activity's portion of the Annual Training Needs Survey to the CPAC.

(5) Disseminate training information, policies, and procedures within the organization.

(6) Maintain records of nominations resulting from surveys and the status of such requests.

(7) Ensure employees are advised of reporting times and locations of courses in which they have been allocated spaces or for which training approvals have been received.

(8) Assist employees filling out DA Forms 145 (Correspondence Course Enrollement Application) when requested.
(Appendix A)

(9) Ensure DD Form 1556 (Request, Authorization, Agreement, Certification of Training and Reimbursement) or AMCPE-OT Form 1 (Application/Completion of Department of Defense Courses) is submitted for all training of 8 hours or more. (Appendix B)

(10) Ensure HQ AMC Form 358-R (Record of Attendance) is utilized to record all mandatory training. (Appendix C)

(11) Represent the activity at all training coordinator meetings.

(12) Review DD Form 1556 or AMCPE-OT Form 1 for accuracy, completeness, and adherence to standards established in both AR 690-400, Chapter 410, and the CPAC Training Guide. The Training

Coordinator's name, office symbol, and telephone number will be placed at the top of the DD Form 1556.

(13) Return completed nongovernment training "Certified" copy of DD Form 1556 (with blocks 36, b, c, d, and e completed) within 10 workdays after receipt to the CPAC.

(14) Assist the Deputy Chiefs of Staff and Separate Office Chiefs in conducting the annual and special surveys which identify training needs.

(15) Ensure Individual Development Plans (IDP) are completed by all employees, maintained, and updated annually. (Appendix D)

(16) Confirm employee attendance for scheduled class or arrange for a substitute to attend training 10 workdays prior to the course start date, or as required by the training facility.

5. General. a. **Cancellation of training.** Requests for approval of cancellations from courses for personal reasons will be documented in writing at least 10 workdays prior to the course start date. All cancellations of training will be initiated at the manager/supervisor level and approved at the Deputy/Assistant Deputy Chief of Staff or Separate Office Chief level. This also includes withdrawing an employee from a course without providing a substitute.

b. **Failure to complete training.** When an employee fails to complete training due to negligence or willful misconduct on the part of the employee, all expenses incident to the training other than salary costs will be refunded by the employee. Where appropriate, disciplinary action will be taken.

c. **Training in a nongovernment facility.** When requesting training through a nongovernment vendor, it is the responsibility of the attendee to--

(1) Select the desired training with the approval of the immediate supervisor.

(2) State training objectives in block 18 of DD Form 1556 prior to approval. (Appendix B)

(3) Obtain the approving authority or designated representative signatures in blocks 32, 33, and 34 of DD Form 1556.

(4) Register with the vendor, utilizing the vendor's established procedures, after a DD Form 1556 has been approved by the Deputy Chief of Staff, Separate Office Chief, or their designated representatives. The DD Form 1556 will not be approved after an employee has registered or started a course.

(5) Confirm location, cost, dates, starting/ending times, and other needed information.

(6) Submit application to Training Coordinator for processing.

(7) Complete HQ AMC Form 357-R-E (HQ AMC Training Evaluation) in order to receive credit in their official personnel file for 8 hours or more.
(Appendix E)

d. **Training in a government facility.** When requesting government training, it is the responsibility of the attendee to--

(1) Select the desired training with the approval of the immediate supervisor.

(2) Obtain the approving authority or designated representative signature(s) to attend the training.

(3) Submit training application (DD Form 1556 or HQ AMC Form 1) to the Training Coordinator for processing by the CPAC.

e. **Continued service agreement.** Employees must fill out the Continued Service Agreement, block 38, and sign block 39 on the back of copy 1 of the DD Form 1556 for all nongovernment training. When an employee exceeds 1 year of training in the previous 10 years of service, a request for an exception (waiver) will be submitted at the Deputy Chief of Staff or Separate Office Chief level to the CPAC.

f. **Payment of books.** The option to pay for books and supplies will be determined by the responsible Deputy Chief of Staff/Separate Office Chief. However, any reimbursement items (e.g., books or supplies) can be retained by the employee as reference publications. Employees are cautioned that selling textbooks which have been purchased at government expense is prohibited.

g. **Quarters.** Employees attending training at an Army school with available Visitor Officer Quarters (VOQ) will utilize those quarters prior to making reservations off the installation.

h. **Mandatory training.**

(1) Ethics training - Conducted annually by the Command Counsel Office. (JER 5500.7-R)

(2) Prevention of Sexual Harassment (POSH) training - Conducted annually by the Equal Employment Opportunity Office.
(AR 690-12)

(3) Security training - Conducted semiannually by the Security Office. (AR 380-5)

(4) Subversion and Espionage Directed Against the U.S. Army (SAEDA) training - Conducted annually by the Military Intelligence Office. (AR 381-12)

(5) New Employee Orientation - Conducted quarterly by the Personnel Office. (Per AMC Chief of Staff Directive)

The proponent of this memorandum is the United States Army Materiel Command. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, HQ AMC, ATTN: AMCPE-O, 5001 Eisenhower Avenue, Alexandria, VA 22333-0001.

FOR THE COMMANDER:

OFFICIAL:

CHARLES S. MAHAN, JR.
Major General, USA
Chief of Staff

CAROLYN GEBRE
Acting Chief, Printing and
Publications Branch

DISTRIBUTION:
Initial Distr H (43) 2 ea HQ Acty/Staff Ofc
LEAD (SIOLE-DO-I) (2)
AMCIO-I-SP stockroom (25)

AMCPE-I-O (10)

Army Correspondence Course Enrollment Application

For use of this form, see DA PAM 351-20: The proponent agency is TRADOC

DATE

23 AUG 99

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: 10 USC 3012 (B) and (G).
PRINCIPAL PURPOSE: To obtain information necessary by Army schools to administer student participation in the Army Correspondence Course Program.
ROUTINE USES: Used by Army schools to obtain basic data needed to determine eligibility for enrollment, process applications, maintain student records, and perform all other administrative functions inherent in student administration.
DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to participate in the program.

Submit one copy. See instructions on Back Page. Fill in All Blocks (Except Shaded Blocks which are for school use).

1. Student SSN 1 2 3 4 5 6 7 8 9	2. Primary MOS/Duty MOS 	3. CIV-SERIES 0 2 0 1	4. AOC Duty Position
5. ASUSQI 	6. Branch 	7. DSN (Telephone) 7 6 7 1 1 1 1	8. Group Number
9. Rank/Civ Grade G S 0 7	10. Component Code 1 4	11. RYE Date Day 	12. School Grade
15. Course Number 	16. Rep Qty 	13. Enrollment Code 	14. Phase
17. Unit Identification Code W 0 G W A A	18. Subcourse Exemption 		

19. I REQUEST ENROLLMENT IN: (Course Title, MOS if applicable or subcourses desired).
(Do not list individual subcourses if you are enrolling in a course).

POSITION CLASSIFICATION: AN INTRODUCTION

COURSE CODE: 81CB

NOTE: If you were previously enrolled in this course, indicate date of termination of enrollment.
Are you currently enrolled in the ACCP? _____ Yes _____ No

20. To: (School address, including ZIP Code).

THRU: (Unit to which assigned).

20. Title of approving official

C	H	I	E	F		C	P	A	C															
Unit Address Line 1 Unit Designation (May not be left blank)																								
H	Q		A	M	C																			
Unit Address Line 2 P.O. Box or Street (May not be left blank)																								
S	O	O	I		E	I	S	E	N	H	O	W	E	R		A	V	E						
Unit Address Line 3 City, Post or APO/FPO										STATE or AE/API/AA					ZIP + 4									
A	L	E	X	A	N	D	R	I	A			V	A			2	2	3	3	3	0	0	0	1

FROM: (Mailing address to which subcourses are to be sent).

22. Last Name	First Name	Middle Initial																						
D	O	E				J	O	H	N															
Student Address Line 1 Unit Designation or P.O. Box or Street (May not be left blank)																								
H	Q		A	M	C																			
Student Address Line 2 P.O. Box or Street (If not given on Student Address, Line 1)																								
S	O	O	I		E	I	S	E	N	H	O	W	E	R		A	V	E						
Student Address Line 3 City, Post or APO/FPO										STATE or AE/API/AA					ZIP + 4									
A	L	E	X	A	N	D	R	I	A			V	A			2	2	3	3	3	0	0	0	1

23. ARMY SCHOOL COURSES AND CORRESPONDENCE COURSES COMPLETED																						
SCHOOL	TITLES OF RESIDENT OR NONRESIDENT COURSES OR INDIVIDUAL SUBCOURSES COMPLETED	DATES																				
USDA	PAY SETTING FOR GS POSITIONS (COURSE CODE: 81DJ-2)	990703																				
<i>The Commander will verify the above from personnel records or soldier's individual records.</i>																						
24. I have reviewed DA PAM 351-20, and understand the eligibility requirements that I must maintain to sustain my enrollment in this course. I further understand that assistance is not authorized when completing subcourse test.																						
Signature of Applicant _____																						
25. I have reviewed the course objectives and prerequisite enrollment requirements in DA PAM 351-20 and determined the applicant is eligible for enrollment in this course.																						
Unit Cdr or other approving officer: _____ Date _____ Name (printed or typed) _____ Signature _____																						
<i>DA PAM 351-20 contains information pertaining to enrollment qualifications, submission of application and courses available.</i>																						
INSTRUCTIONS TO APPLICANT Complete by legibly printing only in areas that are not shaded. The shaded areas are used for data entry. Enter only one character per block (example below).																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Student SSN <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 2 4 4 3 2 0 1 6 4 </div> </div> <div style="width: 45%;"> 9. Rank/Civ Grade <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> S G T M A J </div> </div> </div>																						
ITEM 1. SSN: Foreign students must leave blank.																						
ITEM 2. Student's PMOS (Primary MOS) and DMOS (Duty MOS). Enter numeric and alpha identifiers.																						
ITEM 3. Civ-Series number (for example 1702)																						
ITEM 4. AOC Area of Concentration or Duty Position. Submit information required to qualify for enrollment.																						
ITEM 9. RANK: RA warrant officers and enlisted personnel who hold a reserve commission and are enrolling in officer career development courses must enroll in their reserve capacity.																						
ITEM 10. Component Code: Student categories. Enter one of the following as appropriate:																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">02 Active Duty Officer</td> <td style="width: 33%;">09 USAR ENL</td> <td style="width: 33%;">15 FGN CIV</td> <td style="width: 33%;">20 CADET</td> </tr> <tr> <td>03 RAJAUS ENL</td> <td>10 NGUS ENL</td> <td>16 USAF</td> <td>31 IRR (OFF)</td> </tr> <tr> <td>06 RET MILITARY</td> <td>12 NOCC/ROTC/JR</td> <td>17 USN</td> <td>32 IRR (ENL)</td> </tr> <tr> <td>07 USAR OFF/WO</td> <td>13 FGN MIL</td> <td>18 USCG</td> <td>33 NAF (VOL)</td> </tr> <tr> <td>08 NGUS OFF/WO</td> <td>14 U.S. CIV</td> <td>19 USMC</td> <td></td> </tr> </table>			02 Active Duty Officer	09 USAR ENL	15 FGN CIV	20 CADET	03 RAJAUS ENL	10 NGUS ENL	16 USAF	31 IRR (OFF)	06 RET MILITARY	12 NOCC/ROTC/JR	17 USN	32 IRR (ENL)	07 USAR OFF/WO	13 FGN MIL	18 USCG	33 NAF (VOL)	08 NGUS OFF/WO	14 U.S. CIV	19 USMC	
02 Active Duty Officer	09 USAR ENL	15 FGN CIV	20 CADET																			
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06 RET MILITARY	12 NOCC/ROTC/JR	17 USN	32 IRR (ENL)																			
07 USAR OFF/WO	13 FGN MIL	18 USCG	33 NAF (VOL)																			
08 NGUS OFF/WO	14 U.S. CIV	19 USMC																				
ITEM 11. RYE Date (Retirement Year Ending Date): USAR and NG applicants not on active duty must enter the anniversary date of their retirement year ending day and month.																						
Where to mail application: SCHOOL MAILING ADDRESS: Please check DA PAM 351-20 for appropriate address of school with whom you are seeking enrollment, e.g. Academy of Health Science, The Judge Advocate General's School, Army Logistics Management College, or the Army Institute for Professional Development, etc.																						

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT											
A. Agency code and subelement, and submitting office number (see 15c)			B. Standard document number (Do not include 17/Doc type code/Serial Number) TNGDOE789IA1			C. Request Status or Process Code (X only) <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> (1) Initial</div><div><input type="checkbox"/> (2) Resubmission</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> (3) Correction</div><div><input type="checkbox"/> (4) Cancellation</div></div>		D. Amendment No.			
Section A - TRAINEE / APPLICANT INFORMATION											
1. Name (Last, First, Middle Initial) DOE, JOHN		2. Last 5 letters of last name DOE		3. Social Security Number 123-45-6789		4. Ed. level 17		5. Continuous Federal Service a. Years 33 b. Months 8			
6. Home Address (Street, City, State and ZIP Code, optional) P.O. Box 0000 Arlington, VA 22204			7. Phone Numbers (include area code) a. Home 703-617-1111 b. Office		8. Position Title Personnel Management Specialist						
11. Organization Name HQAMC			12. Organization Mailing Address (Include ZIP) 5001 Eisenhower Avenue Alexandria, VA 22333-0001		9. Position Level (X only) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rate/MOS/AFSC/Army Designator) GS-0201-07		15. No. Prior non-government training days 0		
			13. Organization UIC 767-1111		14. Type of Appointment C						
Section B - TRAINING COURSE DATA											
17. Course Title INTERMEDIATE ACCOUNTING											
18. Training Objectives (Benefits to be derived by the Government) To improve skills in accounting in order to optimize computation of travel and other related fiscal claims.					19. Recommended Training Source, School or Facility a. Name Northern Virginia Community College b. Mailing address (Include ZIP) Alexandria Campus, Admin & Records 3001 North Beauregard St. Alexandria, VA 22311-5097 (703) 538-2248 c. Location of training site (if other than 19b) same as 19b						
20. Course Codes a. Purpose 4 b. Security Clearance S c. Training 1 d. Type 5 e. Allocation Status 1 f. Training 2 g. Source A h. Priority i. Special Inter. 0 j. Training Level 4 k. UIC 990913 l. Training Number 991215					21. Course hours (4 digits) a. Duty 0040 b. Non-duty 0000 c. TOTAL 0040 d. SAID 21D27						
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box.											
25. Direct Costs a. Tuition cost \$135.00 b. Travel cost \$0.00 c. Books, material, other costs \$65.00 d. Per diem/travel costs \$0.00 e. Total direct costs \$200.00 f. Total indirect costs \$0.00					27. Accounting Classification 0000000 5A-0000 P400000.PA 352/M/687 R10000 70000-000-06 pp: 911210						
26. Indirect Costs (For information only)					28. Signature of Fiscal Officer (Follow local procedure)						
29. Labor Costs					30. Total of Direct & Indirect Costs \$200.00						
31. Job Order No. 7POT4N POT001											
Section D - APPROVAL / CONCURRENCE / CERTIFICATION											
32. Supervisor: I certify training is job related and necessary to meet organizational requirements. (If not, attach memo.)					33. Training Officer: I certify this training meets regulatory requirements.						
a. Typed Name (Last, First, Middle Initial) Your Supervisor		b. Phone number (include area code) (703) 617-0000		a. Typed Name (Last, First, Middle Initial) Your Training Officer		b. Phone number (include area code) (703) 617-0000					
c. Signature & Title Your Supervisor's Title		d. Date 10JUL99		c. Signature & Title Your Training Officer's Title		d. Date 10JUL99					
34. Authorizing Official a. Action (X only) <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved b. Typed Name (Last, First, Middle Initial) Authorized Official					35. Course Acceptance (To be completed by school official) a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/> c. School Official Signature d. Date						
c. Phone number (include area code) (703) 617-0000					36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> b. Actual Completion Date (YYMMDD) c. Grade						
e. Date 10JUL99					d. Signature & Title e. Date						
37. Billing Instructions (Materiel discount forms) Furnish original invoice and 3 copies to: Headquarters, Army Materiel Command 5001 Eisenhower Avenue ATTN: YOUR BUDGET OFFICE Alexandria, Virginia 22333-0001					38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. USGN Number e. Check Number f. Function Number						
TRAINING FACILITY: (Include address and phone number of facility. Please refer to standard for document number given in item B at top of page to assure prompt payment.)											

PRIVACY ACT STATEMENT**AUTHORITY:**

The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

PURPOSE AND USE:

The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE:

Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

SECTION E - TRAINEE AGREEMENT / CERTIFICATION**38. AGREEMENT TO CONTINUE IN SERVICE**

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

- a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)
- b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$600 instead of the original \$900.)
- c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.
- d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
- e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

		(1) From (Enter date (YYMMDD))	(2) To (Enter date (YYMMDD))
f.	Period of obligated service:	990913	991215
39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.			
a. TRAINEE SIGNATURE		b. DATE SIGNED	
JOHN DOE			

PRIVACY ACT STATEMENTAUTHORITY:

The Government Employee Act of 1958 (U.S. Title 5, 4108) EO9397, November 1943 (SSN).

PURPOSE AND USE:

Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training. It also serves as the principal repository of personal, fiscal, and administrative information about trainees and the program in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE:

Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

APPENDIX C

RECORD OF ATTENDANCE (AMC-M 350-2)	
NAME(PRINT):	_____
SSN:	_____
GRADE:	_____
OFFICE SYMBOL:	_____ DATE: _____

HQ AMC FORM 358-R
JAN 00

Previous editions are obsolete.

PRIVACY ACT STATEMENT
<p>AUTHORITY: The Government Employees Training Act of 1958 (U.S. C. Title 5,4101 to 41188), EO 9397 November 1943 (SSN)</p> <p>PURPOSE AND USE: Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training. It also serves as the principal repository of personal, fiscal, and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.</p> <p>DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training</p>

REVERSE SIDE OF HQ AMC FORM 358-R

INDIVIDUAL DEVELOPMENT PLAN (IDP)

AMC-M 350-2

(1) FY:		(2) OFFICE SYMBOL:		(3) EMPLOYEE NAME (Last, First, MI)				(4) SSN:	
(5) SERIES/GRADE:			(6) JOB TITLE:				(7) SPECIAL PROGRAM:		
(8) Pri	(9) School Name	(10) School Code	(11) Course Code	GOVERNMENT TRAINING (12) COURSE TITLE		(13) Course Hours	(14) Pre Requested YES NO		(15) Tuition Travel Per Diem
(16) Pri	(17) School Name	(18) School Code	(19) Course Code	NON-SCHOOL-RELATED TRAINING (20) COURSE TITLE		(21) Location City/State	(22) Crs Hrs On Duty Off Duty		(23) Tuition Travel Per Diem
(24) <input type="checkbox"/> NO TRAINING IS REQUIRED AT THIS TIME (If no training is required, signatures are still required)									
(25) Employee's Signature/Date				(26) Immediate Supervisor's Signature/Date			(27) Training Coordinator's Signature/Date		
(28) Signature of Approval from DCS/SO/Date					(29) Signature of Career Program Mgr (Required for Interns/LOGAMP/AAC)/Date				

HQ AMC FORM 295-R-E
JAN 00

"Privacy act statements and instructions on reverse side"

Previous editions are obsolete.

AMC-M 350-2

INSTRUCTIONS FOR PREPARING INDIVIDUAL DEVELOPMENT PLANS

Before completing this Individual Development Plan (IDP) you must have a copy of the HQ AMC Course Catalog to obtain the school code and the course code to use in columns 9 and 11 listed under the government training section; and columns 17 and 18 listed under the non-government sections in the catalog. The Human Resources and Support Division is now under an automated system; therefore, these columns must be filled in from the catalog or your individual development plan will be returned without action. If you need a copy of the HQ AMC Course Catalog, please contact your training coordinator.

1. Enter the FY for which the training applies.
2. Enter Employee's Office Symbol.
3. Enter Employee's Full Name.
4. Enter Employee's Social Security Number.
5. Enter Occupational Series and Grade, e.g., GS-0630-12.
6. Enter Job Title, e.g., Administrative Assistant.
7. Special Program Code. List the appropriate code if employee is currently enrolled in one of the programs listed below:

ARMY ACQUISITION CORPS	AAAC	LOGAMP	AAG
DA INTERN	(DA INT)	SPWAMP	APWAMP
LOCAL INTERN	(LS INT)	VS INTERNSHIP READJUSTMENT	(VRA)
PROFESSIONAL INTERN	(PRO INT)		

8. Priority (1) Training that must be accomplished in the ensuing annual training cycle or it will have a direct adverse effect on mission accomplishment. (2) Training which is required to provide for systematic replacement of skilled employees through career management programs. Deferral beyond the ensuing training cycle would have an adverse effect on mission accomplishment in the period following. (3) Training which is required for an employee who is performing at an adequate level of competence but which will increase his/her efficiency and productivity. Although accomplishments after priority 1 and 2 needs have been met, it would not be in DOD or public interest to defer beyond ensuing training cycle.

9. Enter School Name, e.g., ALMC, AMEC, etc.
10. Enter School Code from the HQ AMC Course Catalog. IF THIS COLUMN IS NOT FILLED OUT, IDP WILL BE RETURNED TO EMPLOYEE.
11. Enter Course Code from the HQ AMC Course Catalog. Only courses listed in the government section of the HQ AMC Catalog should be used in this column. IF THIS PORTION IS NOT FILLED OUT ON THE IDP, THE IDP WILL BE RETURNED TO THE EMPLOYEE.
12. Enter Course Title as it appears in the HQ AMC Course Catalog.
13. Enter Course Hours as it appears in the HQ AMC Course Catalog.
14. Indicate if this course has been previously requested by employee.
15. Enter the tuition cost of the course or N/A if not applicable, estimate Travel & Per Diem dollars N/A.
16. Same Priority Codes as listed in item 8 above.
17. Enter School Name, e.g., George Washington University, DURN & Bradstreet, etc.
18. Enter School Code from the HQ AMC Course Catalog.
19. Enter Course Code from the HQ AMC Course Catalog.
20. Enter Course Title as it appears in the HQ AMC Course Catalog.
21. Enter location of the training, e.g., City and State.
22. Enter the Course Hours, identify hours as Duty Hours or Off Duty Hours.
23. Enter the Tuition Cost of the course, or N/A if not applicable, estimate Travel & Per Diem dollars N/A.
24. Check if no formal training is desired/needed at this time.
25. Self-explanatory.
26. Self-explanatory.
27. Training Coordinator's Signature certifies that information on the form has been completed/coded per instructions listed above. Training Coordinators will submit IDP's to the Human Resources and Support Division, AMCP-OT, Room 7809.
28. Self-Explanatory.
29. If applicable, signature of Career Program Manager or Representative.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

TITLE OF FORM: INDIVIDUAL DEVELOPMENT PLAN.
 AUTHORITY: TITLE 5 USC 4101-4118 AND EOP 387.
 PRINCIPAL PURPOSES: TO ENABLE EMPLOYEES TO INDICATE THEIR DEVELOPMENTAL OBJECTIVES AND SUPERVISORS TO IDENTIFY THE FORMAL COURSES AND ON-THE-JOB TRAINING REQUIRED TO MEET THOSE OBJECTIVES AND IMPROVE THE EMPLOYEE'S SKILLS, KNOWLEDGE, ABILITIES, AND PRODUCTIVITY.
 ROUTINE USES: INFORMATION PROVIDED IS USED IN THE ADMINISTRATION OF THE HQ AMC TRAINING AND DEVELOPMENT PROGRAM. DISCLOSURE OF SSN IS NECESSARY TO IDENTIFY THE INDIVIDUAL BECAUSE OF THE LARGE NUMBER OF FEDERAL EMPLOYEES WITH THE SAME NAME.
 MANDATORY OR VOLUNTARY DISCLOSURE AND AFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: COMPLETION OF THE FORM IS MANDATORY FOR ALL EMPLOYEES SERVICED BY HQ AMC CIVILIAN PERSONNEL OFFICE.
 FAILURE TO COMPLETE THIS FORM WILL RESULT IN THE EMPLOYEE NOT BEING SCHEDULED TO ATTEND TRAINING WHICH COULD AFFECT FUTURE CAREER OPPORTUNITIES.